

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## **Substance Abuse and Mental Health Services Administration Center for Mental Health Services**

### **Guidance for Applicants (GFA) No. SM 02-009 Part I - Programmatic Guidance**

#### **Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults**

#### **Short Title: Older Adult Mental Health Services**

**Application Due Date: June 19, 2002**

Bernard S. Arons, M.D.  
Director, Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration

Charles G. Curie, M.A., A.C.S.W.  
Administrator  
Substance Abuse and Mental Health Services Administration

Date of Issuance: April 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243

Authority: Section 520A of the Public Health Service Act, and subject to the availability of funds

## Table of Contents

### Fundamentals

Agency .....	1
Action and Purpose .....	1
Who Can Apply? .....	2
Application Kit .....	2
Where to Send the Application .....	3
Application Date .....	3
How to Get Help .....	4
Grants and Cooperative Agreements .....	4
Funding Criteria .....	6
Post-award Requirements .....	6

<u>Program Description</u> .....	7
Target Population .....	7
Consumers and Family Members .....	8
Organization of the Announcement .....	8

### Application Information for Group I Applicants

Group I Applicants Program Overview: Targeted Capacity Expansion Awards for Meeting the Mental Health Services Needs of Older Adults .....	8
Group I Applicants: Detailed Information on What to Include in Your Application	10
Group I Applicants: Project Narrative/Review Criteria–Sections A Through E Detailed .....	12

### Application Information for Group II Applicants

Group II Applicants Program Overview: Targeted Capacity Expansion Award for a National Technical Assistance Center for the Mental Health Needs of Older Adults .....	17
Group II Applicants: Detailed Information on What to Include in Your Application	19
Group II Applicants: Project Narrative/Review Criteria–Sections A Through E Detailed .....	20

<u>Confidentiality and SAMHSA Participant Protection</u> .....	25
--	----

<u>Appendices</u> .....	28
Appendix I: Federal Definition of Serious Mental Illness .....	28
Appendix II: Logic Model for Group I Awardees: <i>Older Adult Mental Health         Services Program</i> .....	29
Appendix III: Resources .....	30
Appendix IV: Guidelines for Consumer and Family Participation .....	32

Appendix V: SAMHSA/CMHS Government Performance and Results Act (GPRA) Core Client Outcome Measures .....	33
---	----

## Agency

The Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

## Action and Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of fiscal year (FY) 2002 funds for increasing service capacity for older persons with mental health needs. Grants or cooperative agreements are made as part of SAMHSA/CMHS' "Targeted Capacity Expansion" (TCE) program.

It is estimated that a total of \$5 million will be available to support awards under this GFA in FY 2002. Actual funding levels will depend on the availability of funds. Support may be requested for a period of up to 3 years for **Group I** and **Group II** awards (in three budget periods of 1 year each).

Two types of awards will be made:

- c **Group I Awards: Targeted Capacity Expansion Awards for Meeting the Mental Health Services Needs of Older Adults.** \$3.6 million will be dedicated for up to nine Targeted Capacity Expansion grants to help communities provide direct services and to build the necessary infrastructure to support these expanded services for meeting the diverse mental health needs of older persons. No more than \$400,000 in total costs (direct and indirect) will be awarded per grant per year. Between 10 and 15 percent of the total award is to be used to conduct a local evaluation of the services expansion program.
- c **Group II Award: Targeted Capacity Expansion Award for a National Technical Assistance Center for the Mental Health Needs of Older Adults.** \$1.4 million will be dedicated for one National Technical Assistance Center focused on the growing and diverse mental health needs of older adults. This national resource center will:
  - 1) Engage in activities to synthesize and disseminate the knowledge base for mental health outreach, prevention, early intervention, assessment, and treatment services for older persons.
  - 2) Be a resource for **Group I** awardees to help these sites achieve their program goals, including local program evaluation and dissemination of program products and findings.
  - 3) Identify and/or construct manuals and resources to help providers, administrators,

and consumers faithfully implement evidence-based mental health practices for older persons.

4) Document and prepare policy analysis of funding barriers for established evidence-based practices for older adults.

5) Assist in the continuing data analysis, synthesis, transfer, and application of knowledge from the SAMHSA-funded Primary Care Research in Substance Use and Mental Health Problems for the Elderly (PRISMe) study. Provide a final public archive of the evaluation database and user's manual from the PRISMe study.

6) Be a resource to stakeholders around the Nation who need information about evidence-based services for older adults.

7) Collect data required by the *Government Performance and Results Act* (GPRA; see Appendix V) from each **Group I** awardee and conduct a cross-site evaluation and analysis using these GPRA data.

**Annual awards will be made subject to continued availability of funds and progress achieved by awardees.** Given the importance of reserving resources for only those programs that are most likely to be able to document program outcomes by the end of Year 3, careful review of products delivered will be completed by the Government Project Officer (GPO) at the end of Years 1 and 2. Only those programs that have completed all required products to the satisfaction of SAMHSA/CMHS program staff at the end of Years 1 and 2 will be renewed for Years 2 and 3.

Applicants **can apply under only one Group of grants, as described above.**

## Who Can Apply?

Eligibility to apply for **Group I and Group II Awards** will be limited to public and private nonprofit entities.

For example, the following are eligible to apply:

- c State agencies or departments.
- c County agencies.

- c City agencies.
- c State regional agencies.
- c Indian tribes or tribal organizations (as defined in Section 4(b) and Section 4(c) of the Indian Self-determination and Education Assistance Act).
- c Private, not-for-profit agencies.
- c Public or private universities.

If the applicant organization is not a direct provider of services to older persons in the areas of prevention, early intervention, or treatment, the applicant must document (in Appendix 1 of the application) a commitment from a direct provider of services to older persons to participate in the proposed project.

Private not-for-profit agencies must include in their proposal a letter of commitment (include in Appendix 1 of the application) from their State or local governmental entity to provide financial or other support for the program during its funding period and to engage in collaborative sustainability planning with the applicant.

States are defined in Section 2 of the PHS Act and include, in addition to the 50 States, the:

- c District of Columbia.
- c Guam.
- c Commonwealth of Puerto Rico.
- c Northern Mariana Islands.
- c Virgin Islands.
- c American Samoa.
- c Trust Territory of the Pacific Islands  
(now Palau, Micronesia, and the Marshall Islands).

Interested parties who do not meet these criteria, are encouraged to partner with an agency or organization that is eligible to apply as the lead agency.

Applicants are encouraged to form partnerships with consumer, family, and consumer-supporter groups who are focused on the needs of older persons, both in the areas of mental health and the general issues of aging.

## **Application Kit**

SAMHSA application kits include the two-part Guidance for Applicants (GFA) and the blank form PHS-5161 (revised July 2000) needed to apply for an award.

The GFA has two parts:

Part I - Provides information specific to this program. It is different for each GFA. **This document is Part I.**

Part II - Has general policies and procedures that apply to all SAMHSA grants and cooperative agreements.

**You will need to use both Part I and Part II to apply for this program.**

**To get a complete application kit, including Parts I and II, you can:**

Call the SAMHSA/CMHS  
Knowledge Exchange Network (KEN) at:  
Voice: 1-800-789-2647  
8:30 a.m. to 5:00 p.m. e.s.t.  
TDD: 866-889-2647  
Fax: 301-984-8796  
E-mail: [ken@mentalhealth.org](mailto:ken@mentalhealth.org)  
Write: P.O. Box 42490  
Washington, D.C. 20015  
Web site: [www.mentalhealth.org](http://www.mentalhealth.org)

**or**

Download the application kit from the SAMHSA web site at [www.samhsa.gov](http://www.samhsa.gov) Click on “Grant Opportunities.” **Be sure to download both parts of the GFA.**

## **Where to Send the Application**

Send the original and two copies of your application to:

**SAMHSA Programs**  
Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710\*

\*Change the zip code to 20817 if you use express mail or courier service.

**Please note:**

- 1) Be sure to type: “GFA# SM-02-009 Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults” in Item Number 10 on the face page of the PHS 5161 application form. Be sure to specify whether you are applying for a **Group I** or **Group II** award. For example, if applying for a **Group I** award, type: “GFA No. SM 02-009 Mental Health Services Needs for Older Adults - Group I: Targeted Capacity Expansion Awards for Providing Mental Health Services to Older Persons.”
- 2) If you require a phone number for delivery, you may use (301) 435-0715.
- 3) **All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.**

## Application Date

Your application must be received by June 19, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

## How to Get Help

**For questions on *program issues*, contact:**

Betsy McDonel Herr, Ph.D.  
Social Science Analyst  
Center for Mental Health Services  
SAMHSA, Room 11C-22  
5600 Fishers Lane  
Rockville, Maryland 20857  
Phone (301) 594-2197  
Fax (301)443-0541  
E-mail: [bmcdonel@samhsa.gov](mailto:bmcdonel@samhsa.gov)

**For questions on *grants management issues*, contact:**

Stephen Hudak



Grants Management Officer  
Division of Grants Management  
Substance Abuse and Mental Health  
Services Administration  
Rockwall II, Room 630  
5515 Security Lane  
Rockville, MD 20852  
Phone (301)443-9666  
E-mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov)

## Grants and Cooperative Agreements

The **Group I Awards** will be awarded as grants. The **Group II Award** will be awarded as a cooperative agreement, because it requires substantial ongoing participation on the part of the GPO for this program. The National Technical Assistance Center is expected to work closely with the GPO and associated Federal staff, as well as the **Group I** Awardees, to ensure the success of this new program.

### Role of Federal Staff in this Program

- c Provide the Federal interpretation of the provisions of the GFA.
- c Monitor the overall progress of the program sites.
- c Provide technical assistance to program sites regarding the implementation of the project plans in collaboration with the National Technical Assistance Center for this initiative.
- c Provide consultation in collaboration with the National Technical Assistance Center, as appropriate, on the design and implementation of the evaluation plans, including the collection of data required by the *Government Performance and Results Act* (GPRA; see Appendix V).
- c Provide guidelines for submission of annual and final financial and other required progress reports.
- c Provide consultation on the development of tools and other products accruing from the projects.
- c Conduct site visits as needed to each project to monitor the implementation of the program plans and evaluation activities.
- c Work with the National Technical Assistance Center to convene annual national meetings of the Program Directors and Evaluators for sites.

- c Collaborate with the sites in interpreting the results of the evaluations and in developing the publication of program findings, program products, and other dissemination activities.

## **Role of the Group I Awardees in this Program**

- c Comply with all aspects of the Terms and Conditions of the grant.
- c Consult with the GPO, and obtain prior written approval from the GPO on significant modifications or adaptations of the project plan.
- c Attend an annual 2-day national meeting of sites to be held in Washington, D.C. (Travel expenses for the Program Director and Evaluator to attend the meeting must be included in the budget.)
- c Use the technical assistance that will be provided by SAMHSA/CMHS staff and the National Technical Assistance Center in post-award activities, including the evaluation activities.
- c Develop and implement new or additional mental health outreach, prevention, early intervention, and/or treatment services for older persons.
- c Facilitate and implement the meaningful participation of consumers and family members in the planning and implementation of the project.
- c Disseminate information about the activities and evaluation findings of the program through publications, presentations at conferences, collaborations with other sites, and other efforts to make the findings available to the field.
- c Provide SAMHSA and the National Technical Assistance Center with data required for the *Government Performance and Results Act* (GPRA; see Appendix V).
- c Participate in grantee teleconferences to be called by the GPO and/or National Technical Assistance Center representatives on an as-needed basis.
- c Comply with direction from SAMHSA and its partners, as designated by the GPO, regarding model development, evaluation, site visits, and acceptance of technical assistance.
- c Cooperate with SAMHSA and its partners, as designated by the GPO, in responding to requests for information relevant to the grant.

## **Role of the Group II Awardee (National Technical Assistance Center) in this Program**

- c Comply with all aspects of the Terms and Conditions of the cooperative agreement.
- c Consult with the GPO, and obtain prior written approval from the GPO on significant modifications or adaptations of the project plan.
- c Coordinate and attend an annual 2-day national meeting of program sites to be held in Washington, D.C.
- c Use the technical assistance that will be provided by SAMHSA/CMHS staff in post-award activities.
- c Facilitate and implement the meaningful participation of consumers and family members in the planning and implementation of the National Technical Assistance Center activities.
- c Be responsive to requests from **Group I** awardees for information and technical assistance.
- c Disseminate information about the activities and evaluation findings of the program through publications, presentations at conferences, collaborations with the program sites, and other efforts to make the findings available to the field.
- c Agree to provide SAMHSA with data required for the *Government Performance and Results Act* (GPRA; see Appendix V) and to provide technical assistance to program sites in collecting and reporting these data for their sites. The National Technical Assistance Center will coordinate data collection, perform aggregate data analyses, and prepare an interim and final report using the GPRA outcome data generated by all **Group I** awardees.
- c Coordinate and participate in awardee teleconferences to be called by Federal representatives on an as-needed basis.
- c Comply with direction from SAMHSA and its partners, as designated by the GPO, regarding evidence-based practices to promote, evaluation practices, site visits, and acceptance of technical assistance.
- c Cooperate with SAMHSA and its partners, as designated by the GPO, in responding to requests for information relevant to the cooperative agreement.

## Funding Criteria

Decisions to fund a grant or cooperative agreement under this announcement will be based upon:

- c The overall technical merit of the application, as determined by the Peer Review Committee and concurred to by SAMHSA's CMHS National Advisory Council.

- c Availability of funds.

## Post-award Requirements

All **Group I** and **Group II** awardees for the *Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults* program will be required to:

- c Comply with the GFA requirements and the Terms and Conditions of Awards.
- c Provide financial status reports, as required in the PHS Grants Policy Statement.
- c Submit an annual report summarizing:
  - < Project progress and accomplishments.
  - < Changes in key personnel.
  - < Problems encountered and how they were addressed.
  - < Alterations in approaches utilized.
  - < Proposed plans for the next budget period.
  - < A proposed budget and budget justification for the next budget year.
- c Submit a final report at the end of the project summarizing:
  - < Project findings and accomplishments.
  - < Lessons learned.
  - < Manuals, protocols, or other tools and resources developed as implementation guides.
  - < Implications for services.
  - < Results of the evaluation.
- c Attend annual national meetings of sites, with participation of at least the Program Director and Evaluator from each site.
- c Comply with the Government Performance Results Act (GPRA) reporting requirements for core client outcome measures (see Appendix V).
- c Agree to participate in post-award technical assistance activities (if funded).

## Program Description

The three overall goals of the program are:

1. **To increase existing services, or to develop and implement new mental health prevention, early intervention, and/or treatment services targeted to persons 65 years and older.** Services to be implemented should be supported by a strong evidence base. Applicants may target specific subpopulations of older persons with particularly high needs within their communities, such as racial/ethnic groups, persons in rural areas, or persons with mental illness who have co-occurring substance abuse disorders or physical disorders.
2. **To improve the quality and accessibility of mental health services to older persons.** Quality improvement activities and mechanisms to improve outcomes and to increase service accessibility are supported under this initiative. This may also include efforts to reduce the disparities in access to mental health services among subpopulations such as racial/ethnic minorities, persons in rural settings, and persons with mental illness who have co-occurring substance abuse or physical disorders.
3. **To engage in the building of system infrastructure that will support the increased amount, quality, and accessibility of services to older persons.** Expanded infrastructure can include consensus building among key stakeholders, community outreach and education, quality improvement activities, social marketing, the inclusion of consumer and family participation in service development and evaluation activities, and the building of service linkages among providers. Infrastructure development activities alone, without the parallel implementation of services, will not be supported by this grant mechanism.

All **Group I** applicants must propose activities that address some elements of each of these three goals. **Group II** applicants should propose how they will be prepared to provide technical assistance to **Group I** awardees in achieving any of the elements listed in these three program goals.

## Target Population

For the purposes of this initiative, the target population is defined as persons who are 65 years and older who are in need of mental health services (early intervention and treatment) or who are at risk for mental health problems and who might benefit from prevention services (see Appendix I for these and other relevant definitions). Services provided to persons in institutional settings, such as nursing homes, or to persons at high risk for placement in institutional settings should aim to help older persons maintain independence and to provide care in the least restrictive setting possible.

The program may include services to caregivers and family members if these services are given in addition to, but not in lieu of, direct services to older persons.

## Consumers and Family Members

For the purpose of this initiative, consumers are defined as persons aged 65 years or older who have

received or are receiving mental health services. Family members are defined as relatives of older person who are or have been mental health services consumers. Guidelines for consumer and family participation are given in Appendix IV of this GFA.

## Organization of the Announcement

The remainder of this GFA is organized as follows. The next several sections present information for **Group I** applicants, including an overview of the program and specific instructions and project narrative required for completing **Group I** applications. Following the information for **Group I** applicants, the next several sections provide a program overview for **Group II** applicants and specific instructions and project narrative required for completing **Group II** applications.

All applicants should carefully review the instructions for the appropriate section in order to satisfy requirements unique to that group of awards.

The final section on *Confidentiality and SAMHSA Participant Protection* provides information applying to all applications. The Appendices provide information pertinent to the applications of both **Group I** and **Group II** applicants.

## Group I Applicants Program Overview:

### Targeted Capacity Expansion Awards for Meeting the Mental Health Services Needs of Older Adults

**For Group I Awardees**, the structure of the *Older Adult Mental Health Services program* is shown in the program logic model attached as Appendix II. Resource information about how to construct and interpret logic models is given in Appendix III.

As indicated in the logic model in Appendix II, the three goals of the *Older Adult Mental Health Services program Group I* initiative are:

- 1) To increase capacity to provide mental health outreach, prevention, early intervention, and/or treatment services targeted to persons 65 years and older. Resource information on mental health services for older adults is given in Appendix III. Services to be implemented should have a strong evidence base.
- 2) To provide resources for providers and communities to improve the quality and accessibility of services in tandem with the direct provision of services.
- 3) To give providers and communities resources to build and/or expand the local and regional service

system infrastructure that will help to support new or expanded services.

Prevention refers to those interventions that occur before the initial onset of a mental disorder, including prevention of a co-occurring disorder. Prevention efforts are intended to avoid or to delay the onset of mental disorders. Early intervention refers to interventions that are targeted for individuals who, for the first time, display the early signs and symptoms of a mental disorder. Treatment refers to interventions for persons with a diagnosable mental disorder and includes the use of reliable and valid assessment procedures to accurately identify mental health problems.

In order to achieve these program goals, **Group I** applicants must build service capacity, using elements from each of the four following activity areas known to yield sustainable results. These four capacity expansion activity areas are:

(1) **Expand the capacity** to implement evidence-based outreach, prevention, early intervention, and/or treatment services. Activities to be funded include increased direct services provision, accurate identification of persons needing treatment through assessment, increased outreach, staffing, training and cross-training for staff, and sustainability planning. Awardees may increase existing services and/or develop and implement new services. Included in this activity is the establishment of appropriate training for service providers, so they develop an understanding of basic concepts related to outreach, prevention, early intervention, and treatment strategies in a public health framework and of issues related to the implementation of evidence-based practices (e.g., the need for ongoing supervision or consultation from experts; see Appendix III for examples). Activities such as community education, health literacy promotion, and screening for mental health problems may be funded under this initiative. Also included in this activity is the expansion of services to improve accessibility and quality of treatment to all persons, including those in racial/ethnic minority populations, those persons with mental illness and co-occurring substance abuse or physical disorders, or persons in rural settings. Funds may be used to train program providers in culturally competent care of older persons and in quality improvement principles and technology.

(2) **Create service linkages** between individuals and groups that serve the targeted population (e.g., mental health providers who specialize in geriatric mental health and primary health care providers). The building of service networks will ensure that outreach, assessment, prevention, early intervention, and/or treatment will take place within the target service systems or via linkages to specialty mental health services. The development of partnerships and coalitions to ensure higher degrees of services integration will be supported if these activities directly contribute to the proposed service expansion or to improvements in service accessibility or quality for older persons. The purpose of these linkages is to provide integrated, appropriate services in multiple domains. Building linkages among service providers and others who work with this population, such as community mental health professionals and educators, will promote changes in the environments of institutions and small social groups to foster mental health.

(3) **Provide community outreach** to communicate to the larger community the importance of mental

health and the capacity of well-executed preventive, early interventions, and treatments for older persons with mental health needs. Community outreach includes consensus building by communities and mental health organizations for the adoption of evidence-based services. Another purpose of community outreach is to engage the target population in the development and implementation of prevention, early intervention and treatment services. Outreach activities also help to ensure that services are accessible to the target population and that the community accepts the use of the services as beneficial. The local and regional dissemination of program descriptions and evaluation findings is a form of community outreach that may be funded in this initiative.

(4) **Conduct program evaluation** to confirm results and to provide program feedback that will serve to enhance the efficiency and effectiveness of further service expansion efforts. **Group I** applicants must engage in local evaluation activities to demonstrate program outcomes and the quality and completeness of the service implementation. **Group I** Awardees must also supply data to comply with the Government Performance Results Act (GPRA) reporting requirements for core client outcome measures (see Appendix V). GPRA data are to be collected at baseline and in years 1, 2, and 3 of the grant period. At minimum, an 80 percent response rate is expected at each data collection point. Funds may be used to purchase appropriate software and training for data collection, management, and analysis for program providers.

## **Group I Applicants: Detailed Information on What to Include in Your Application**

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

### ***1. FACE PAGE***

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

### ***2. ABSTRACT***

Your total abstract may be no longer than 35 lines.

In the **first five lines or fewer** of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if funded.

### ***3. TABLE OF CONTENTS***

Include page numbers for each major section of your application **and** for each appendix.



**4. BUDGET FORM**

Use standard Form 424A. See Appendix B in Part II for instructions.

**5. PROJECT NARRATIVE  
AND SUPPORT DOCUMENTATION**

**These sections describe your project.** The Project Narrative is made up of Sections A through E. **More detailed information of Sections A through E follows #10 of this checklist.** Sections A through E may be no longer than 25 pages.

**G Section A - Rationale for the Project**

**G Section B - Implementation Plan**

**G Section C - Evaluation Plan, Data Collection, and Analysis**

**G Section D - Dissemination Plan**

**G Section E - Project Management and Staffing Plan**

**The support documentation for your application is made up of Sections F through I.** There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions

**G Section F - Literature Citations**

This section must contain complete citations, including titles and all authors, for any literature you cite in your application, with the exception of the citations for the evidence-based services that you are proposing to implement. The citations for the evidence-based services to be implemented by the applicant should be included in Appendix 2 of this application.

**G Section G - Budget Justification, Existing Resources, Other Support**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

**G Section H - Biographical Sketches and Job Descriptions**

**S** Include a biographical sketch for the Project Director/Principal Investigator, Evaluator, Project

Coordinator, Data Management Coordinator, Quality Improvement Specialists, and other key positions, such as service providers who will provide leadership in the project. Each sketch should be no longer than **two pages**. If the person has not been hired, include a letter of commitment with the sketch.

**S** Include job descriptions for key personnel. They should be no longer than **one page**.

**S** *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

## **G Section I - Confidentiality and SAMHSA Participant Protection (SPP)**

The seven areas you need to address in this section are outlined after the *Group II Applicants: Project Narrative/Review Criteria—Sections A Through E Detailed* section of this document.

### **' 6. APPENDICES 1 THROUGH 4**

**S** Use only the appendices listed below.

**S** **Do not** use appendices to extend or replace any of the sections of the Project Narrative. (Reviewers will not consider them if you do.)

**S** **Do not** use more than **35 pages** for the appendices.

**Appendix 1:** Site-level Logic Model for the proposed *Targeted Capacity Expansion: Mental Health Services for Older Persons* Program.

**Appendix 2:** All Citations for the Evidence-based Programs and Services to be Utilized (including titles, authors, dates, and publication source for each citation).

**Appendix 3:** Letter of Commitment from State or Local Governmental Entity to Support the Proposed Plan and to Engage in Sustainability Planning with the Applicant if Funded. (If applicant is not a direct provider of mental health services to older persons, include letter of commitment from direct provider of services to participate in the project.)

**Appendix 4:** Letters Documenting Collaborative Commitments (including Memoranda of Understanding, interagency agreements, in-kind contributions, commitments from consultants, subcontractors, etc.)

### **' 7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

‘ **8. CERTIFICATIONS**

‘ **9. DISCLOSURE OF LOBBYING  
ACTIVITIES**

Please see Part II for lobbying prohibitions.

‘ **10. CHECKLIST**

See Appendix C in Part II for instructions.

## **Group I Applicants: Project Narrative/Review Criteria— Sections A Through E Detailed**

Your application for **Group I** awards consists of responses to Sections A through I. **Sections A through E, the Project Narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E:

**T** Sections A through E may be no longer than **25** pages.

**T** A peer review committee will assign a point value to your application based on how well you address these sections.

**T** The number of points after each main heading shows the maximum points a review committee may assign to that category.

**T** Reviewers will also be looking for evidence of *cultural competence*. SAMHSA defines cultural competence as a set of behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences among people. See Appendix III for resources on Cultural Competence.

### **Section A: Rationale for the Project (20 Points)**

In this section, applicants should document the need for a Targeted Capacity Expansion **Group I** grant by providing adequate information on the following:

- Indicate the specific age group to be addressed within the targeted population for this section (e.g., all persons over 65 years of age or persons 74-85 years of age). Provide a rationale for the target population selected, if not inclusive of all persons 65 and older with mental health needs.
- Describe the target population(s) in terms of:

- < Sociodemographic characteristics, including racial/ethnic minority composition.
  - < Population size and geographic distribution.
  - < Number to be served by the program.
  - < Estimated unmet need.
  - < Risk factors for this age group that will be addressed by the preventive intervention, or the mental or emotional disorder addressed by the early intervention and/or treatment strategies.
  - < The domain(s) where the risk factors will be addressed (e.g., persons with co-morbid physical disease or substance use problems).
- c Demonstrate the need for the proposed program, including:
- < Documentation of emerging and urgent needs.
  - < Service system gaps.
  - < Barriers to serving the target population.
  - < Needs for prevention, early intervention, and/or treatment services.
- c Indicate the likely impact of the proposed program on the existing services environment, including beneficial outcomes at the individual, program, and system level, and potential adverse consequences of not implementing the proposed program.

## **Section B: Implementation Plan (30 Points)**

Applicants should demonstrate the viability of their proposed program and the adequacy of their implementation plans by providing all of the following:

- c Describe in detail the local targeted service capacity expansion activities and supporting evidence for these methods, such as:
- < Outreach and engagement of target population for prevention, early intervention, and treatment.
  - < Screening, assessment, and referral.
  - < Interventions to be implemented.
  - < Integration/linkage with primary health care, if applicable.
  - < Training and ongoing technical assistance by prevention, early intervention, and treatment experts.
- c Provide the evidence base for all proposed interventions. Address the evidence base for both specific services interventions and models, as well as for broad multifaceted approaches such as infrastructure development, outreach, or system linkages, that will be implemented at the program site. Include relevant literature citations and appropriateness for the target population. (Attach all citations for evidence-based practices that are being proposed for implementation in Appendix 2 of the application.)

**Note:** See Appendix III of this GFA for examples of programs to prevent or treat mental and behavioral disorders. Other programs, e.g., substance abuse prevention or elder abuse prevention and treatment programs *may* also be *de facto* mental health promotion, prevention, or treatment programs. However, an applicant who decides to use a program that is *not specifically designed* to prevent or treat mental and behavioral disorders must justify its use by providing evidence that it will, in fact, prevent mental and behavioral disorders.

- C Provide a site-specific logic model or flow chart for program activities and attach as Appendix 1 in your application. (Resources for understanding and constructing logic models are given in Appendix II of the GFA.)
- C Describe how **prevention, early intervention, and treatment services** address:
  - < Risk and/or protective factors specific to the target population.
  - < Targeted domains (individual person, family, peers, community, and/or society).
  - < Strategies for promoting fidelity to specific evidence-based interventions such as (1) partnership with or formal training from the designer of the intervention or one trained by the designer, (2) use of an available manual, and (3) ongoing consultation during the implementation of the intervention.
  - < Strategies for consultation to address ongoing implementation problems or concerns.
  - < Process for obtaining measures of quality and completeness of implementation, including intervention fidelity.
  - < Process for obtaining outcome measures.
- C Discuss how the program will address the overall goals of the *Mental Health Services for Older Persons* program listed under Program Goals.
- C Describe service linking activities, such as:
  - < Identification of key stakeholders.
  - < Strategies to address the need for (1) consensus building among implementors and others whose agreement will foster the adoption of interventions in the specific setting (e.g., assisted living centers, primary health care settings), and (2) engaging quality training from persons experienced in implementing the intervention.
  - < Strategic planning.
  - < Identification of planning and service partnerships and development of coalitions.
  - < Cross-training.
  - < Colocation of services, if appropriate, including how a “no wrong door” policy will be effected.
  - < Development of fiscal responsibility and planning.
  - < Creation of novel funding mechanisms, such as new payment streams, pooled or joint funding, flexible funding, and special waivers.
  - < Development of interagency agreements and memoranda of understanding.

- < Development of interagency management systems and client tracking, when appropriate.
  - < Development of uniform applications, eligibility criteria, and intake assessments.
  - < Development of interagency , or interprofessional service delivery teams (e.g., mental health and physical health collaborations).
- C Describe community outreach activities, including:
- < Plans to increase community awareness of the needs for the program and the availability of new services.
  - < Plans to ensure that services are accessible to the target population.
  - < Public education programs to gain community acceptance of the program.
  - < Strategies for engaging stakeholders and developing coalitions.
  - < Social marketing campaigns, as appropriate.
  - < Strategies for outreach and engagement of the target population.
- C Provide a justification of any plans to conduct consensus building activities or to develop system infrastructure needed to support the addition of new mental health services or to increase existing mental health services for older persons.
- C Propose plans to improve the quality and accessibility of existing mental health services to older persons. Or, if proposing new services, describe how quality and accessibility of services will be addressed.
- C Provide a time line for implementation.
- C Describe plans for ensuring cultural appropriateness of the program, including the meaningful participation of consumers and families in the planning and implementation activities of the program. (See Appendix III for resources on cultural competence and Appendix IV for guidelines on consumer and family participation.)
- C Describe how all relevant stakeholders will be included in the project implementation. Specifically, describe how consumers and their family members will be involved in the planning, implementation, and evaluation of the program activities.
- C Propose plans to send a total of two grantee staff, the Program Director and the Program Evaluator, to an annual meeting in the Washington D.C., area, to be coordinated by the National Technical Assistance Center for this program. Include expenses for these two staff in the budget.
- C Propose a viable plan to be executed during the award period for ensuring sustainability of the program activities after cessation of grant funding of the program. If the applicant is not a State or local governmental entity, the organization must supply a letter of commitment from its State or local

governmental entity, agreeing to provide financial or other support for the program during its funding period and to meaningfully participate in planning for sustainability once the Federal funding for the program has ceased. (Attach this letter as Appendix 3 in your application.)

## **Section C: Evaluation Plan, Data Collection, and Analysis (15 points)**

In this section, applicants should provide a plan for conducting both a process evaluation of the implementation of their proposed programs, as well as for measuring client, program, and systems level outcomes, using data such as services use, program-specific outcomes, and GPRA core client outcome measures (see Appendix V), including the following:

- c Summarize the plan for conducting both process and outcome evaluations for the proposed program.
- c Provide specific evaluation questions to be examined and hypotheses to be tested, if appropriate.
- c Discuss how service data, program-specific outcomes, and SAMHSA/CMHS GPRA core client outcomes (Appendix V) will be used to measure program outcomes. Examples of service data can include:
  - < Services provided.
  - < Clients served.
  - < Who provided services.
  - < Where services were provided.
  - < Staff retention and job satisfaction.
  - < Plans to measure outcomes in the future (e.g., longitudinal data).

Examples of client-specific outcomes can include:

- < Symptom reduction.
  - < Improvement in functioning.
  - < Improvement in quality of life.
  - < Increased engagement in services.
  - < Consumer satisfaction with services.
- c Describe the data collection plan, including:
    - < Sources of data.
    - < Data management and quality control.
    - < Training of records reviewers or management information system personnel as appropriate.
    - < Time lines for data collection.
    - < Methods to achieve at least an 80 percent response rate for collection of GPRA client outcome

data.

- c Describe the analytic methods to be used.
- c Indicate whether and how qualitative methods will be used.
- c Describe plans for measuring the quality, completeness, and fidelity of the implementation of specific treatment interventions.
- c Discuss how the target population and its families will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.
- c Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population and, as appropriate, to the community to be served.

## **Section D: Dissemination Plan (15 Points)**

Applicants should discuss their plans to disseminate the descriptions of their program activities and the findings of their process and outcome evaluations, including describing:

- c Plans to provide feedback to community stakeholders and constituencies on the process and outcome of the implementation of the program in a manner targeted to each constituency.
- c Plans for preparing interim and final reports, conference presentations, publications, and other means of disseminating the program descriptions and evaluation findings to the field.
- c How representatives of the target population and their families will participate and contribute to the dissemination of the findings.
- c Plans to disseminate findings to potential sources for financial partners in future years.

## **Section E: Project Management and Staffing Plan (20 Points)**

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans by providing the following:

- c Describe the qualifications and experience of the key personnel, including:
  - < Program director (principal investigator).
  - < Project coordinator.



- < Service providers.
  - < Evaluation personnel.
  - < Analytic and data management staff.
  - < Quality improvement specialists.
  - < Trainers.
  - < Personnel involved in infrastructure development.
  - < Other key personnel.
- C Document the capability and experience of the applicant organization with similar projects and populations. Include a description of the project director's and key service providers' experience with preventive interventions, early intervention strategies, and/or treatment approaches, or their interest in implementing preventive intervention, early intervention strategies, and/or treatment approaches, if originating such programs, and their willingness/experience in using expert consultation and training in implementing an evidence-based practice.
- C Provide evidence of the capability, experience, and commitment of proposed consultants (e.g., prevention and/or intervention experts) and subcontractors, including letters of commitment (attach as Appendix 4).
- C Discuss how professional staff, target population, and family representatives will be recruited and trained, as well as what strategies have been developed for retaining staff in programs. Describe in-service training for staff and consumer/family development.
- C Assign responsibility for specific tasks described in the evaluation plan to identified staff.
- C Demonstrate the feasibility of accomplishing the project in terms of:
- < Management plan.
  - < Time frames.
  - < Complementarity of skills among project staff.
  - < Adequacy and availability of resources (e.g., staffing and collaborating agencies, facilities, equipment).
- C Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate for carrying out all aspects of the proposed project.
- C Demonstrate that the staff is reflective of or sensitive to the diversity of the target population, i.e., sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population, and, as appropriate, to the community to be served, including issues such as:
- < Proficiency of staff at all levels of the organization in the languages and cultures of the target

population.

- < Provision of cultural competence training specific to the target community.
- < Availability of interpreters and translators trained in mental health prevention/treatment issues and terminology.

- c Describe how older adult consumers and their families members will be involved in management and staffing of the project.

## **Group II Applicants Program Overview:**

### **Targeted Capacity Expansion Award for a National Technical Assistance Center for the Mental Health Services Needs of Older Adults**

The awardee for the **Group II** initiative of the *Older Adult Mental Health Services* Program will establish a National Technical Assistance Center and will address the general goals of the program through implementation of the following objectives:

The **Group II** awardee will provide technical assistance and evaluation consultation to entities interested implementing evidence-based mental health outreach, prevention, early intervention, and/or treatment services targeted to persons 65 years and older. **Group I** Awardees should receive priority for technical assistance and evaluation consultation from the National Technical Assistance Center, in order to help these grantees achieve their program goals. However, technical assistance should also be made available to other entities across the Nation. (Resource information on mental health services for older adults is given in Appendix III.)

In order to meet the objectives under the **Group II** initiative, applicants must engage in each of the following activities:

- c Collect, synthesize, and disseminate the knowledge base for mental health outreach, prevention, early intervention, assessment, and treatment services for older adults.
- c Provide information and technical assistance to **Group I** Awardees. This includes providing updated information about evidence-based services, as well as ongoing consultation and coordinating support to assist in the implementation of evidence-based mental health practices for older persons at the program sites. The Technical Assistance Center will provide consultation and assistance to **Group I** program sites in evaluation efforts and in dissemination of program products and findings. The Technical Assistance Center will hold an annual meeting of **Group I** awardees.
- c Identify and/or develop materials that will facilitate the faithful implementation of evidence-based practices. These implementation aids and

manuals will be made available to **Group I** Awardees, as well as to providers, administrators, quality improvement specialists, evaluators, and consumers across the Nation, who are interested in implementing evidence-based mental health practices for older persons, including outreach, assessment, prevention, early intervention, and treatment.

- c Document and prepare a policy analysis report about the funding barriers experienced by providers of established evidence-based mental health services to older persons. Information will be obtained from **Group I** awardees as well as other providers and sources.
- c Assist in the continuing synthesis, transfer, and application of knowledge from the SAMHSA-funded Primary Care Research in Substance Use and Mental Health Problems for the Elderly (PRISMe) study, which will end its funding in September 2002. These PRISMe-related activities must be performed in close collaboration with the investigators, providers, and consumers associated with the PRISMe study. **Group I** Awardees in this initiative will be priority recipients of information and products gained from the PRISMe study follow-up activities. Activities to be supported include: a) assisting investigators formally associated with the PRISMe study to complete secondary data analyses and submission of outcome papers for publication not finished during the funding period of the PRISMe program (analyses and paper topics to be determined by the PRISMe investigators); b) completing a final archive and manual for the evaluation database created by the PRISMe study, so that it is ready and accessible for public use; c) refining and disseminating treatment manuals and health literacy materials created by the PRISMe study; and, d) providing training, workshops, presentations, conferences, and consultation to parties interested in adopting screening, assessment, prevention, treatment, and outreach practices validated by the PRISMe study.
- c Be a resource to multiple stakeholders across the country who are focused on services for older persons. This includes disseminating materials on evidence-based practices, materials and manuals to support implementation efforts, information about funding practices, and findings and products from the PRISMe study.
- c Collect, analyze, and report GPRA data from **Group I** Awardee sites. The Technical Assistance Center will summarize these data in interim and final reports to the GPO.

## **Group II Applicants: Detailed Information on What to Include in Your Application**

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' **1. FACE PAGE**

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

Your total abstract may be no longer than 35 lines.

In the **first five lines or fewer** of your abstract, write a summary of your project that can be used in publications, reports to Congress, or press releases, if funded.

' **3. TABLE OF CONTENTS**

Include page numbers for each major section of your application **and** for each appendix.

' **4. BUDGET FORM**

Use standard Form 424A. See Appendix B in Part II for instructions.

' **5. PROJECT NARRATIVE  
AND SUPPORT DOCUMENTATION**

**These sections describe your project.** The Project Narrative is made up of Sections A through E. **More detailed information of Sections A through E follows #10 of this checklist.** Sections A through E may be no longer than 30 pages.

**G Section A** - Understanding of the Problem

**G Section B** - Implementation and Coordination Plan

**G Section C** - Evaluation Plan, Data Collection, and Analysis

**G Section D** - Dissemination Plan

**G Section E** - Project Management and Staffing Plan, Equipment, Facilities, and Resources

**The support documentation for your application is made up of Sections F through I.** There are no

page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions

**G Section F - Literature Citations**

This section must contain complete citations, including titles, dates, publication source, and all author for any literature you cite in your application.

**G Section G - Budget Justification, Existing Resources, Other Support**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

**G Section H - Biographical Sketches and Job Descriptions**

**S** Include a biographical sketch for the Project Director/Principal Investigator, Evaluator, Data Analytic and Data Management staff, Project Coordinator and Administrative staff, Communications staff, Trainers, and other key positions. Each sketch should be no longer than **two pages**. If the person has not been hired, include a letter of commitment with the sketch.

**S** Include job descriptions for key personnel. They should be no longer than **one page**.

**S** *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

**G Section I - Confidentiality and SAMHSA Participant Protection (SPP)**

The seven areas you need to address in this section are outlined after the *Project Narrative/Review Criteria–Sections A Through E Detailed* section of this document.

**' 6. APPENDICES 1 THROUGH 3**

**S** Use only the appendices listed below.

**S** **Do not** use appendices to extend or replace any of the sections of the Project Narrative. (Reviewers will not consider them if you do.)

**S** **Do not** use more than **35 pages** (plus all instruments) for the appendices.

**Appendix 1:** Letters of Support from Persons and Organizations Who Will Provide Support to the Project (including Collaborative Commitments, Memoranda of Understanding, Interagency Agreements, In-kind Contributions, Commitments from Consultants or Contractors, etc.)

**' 7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

' **8. CERTIFICATIONS**

' **9. DISCLOSURE OF LOBBYING  
ACTIVITIES**

Please see Part II for lobbying prohibitions.

' **10. CHECKLIST**

See Appendix C in Part II for instructions.

## **Group II Applicants: Project Narrative/Review Criteria– Sections A Through E Detailed**

Your application for the **Group II** award consists of responses to Sections A through I. **Sections A through E, the Project Narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E:

- T** Sections A through E may be no longer than **30** pages.
- T** A peer review committee will assign a point value to your application based on how well you address these sections.
- T** The number of points after each main heading shows the maximum points a review committee may assign to that category.
- T** Reviewers will also be looking for plans to address cultural competence. SAMHSA defines cultural competence as a set of behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences among people. (See Appendix III in this GFA for Resources on Cultural Competence.)

### **Section A: Understanding of the Problem (20 points)**

Applicants should describe their understanding of the objectives for the National Technical Assistance Center. Demonstrate:

- c Familiarity with the problems of providing mental health services to older persons in terms of:
  - < Numbers and sociodemographic characteristics of older individuals with mental illness.
  - < The types of illnesses and categories of comorbidity that are most prevalent.
  - < Patterns of service use, needs, barriers to care, and funding for care.
  - < Regional differences.
- c Knowledge of the evidence base for screening, assessment, outreach, prevention, early intervention, and treatment services for persons 65 years and older.
- c Knowledge of provider expertise and availability needed to provide evidence-based services for older adults.
- c Understanding of the types of program implementation problems that the **Group I** program sites are likely to experience as they enhance the capacity to provide mental health services to older persons. Describe the types of technical assistance that the **Group I** program sites are likely to need when implementing these services.
- c Understanding of the types of assistance **Group I** program sites will need to conduct their local program evaluations and to collect GPRA client outcome data.
- c Understanding of the cross-site collection, analysis, and reporting of GPRA client outcome data from **Group I** program sites to be performed by the Technical Assistance Center.
- c Understanding of all the PRISMe-related activities to be completed, including assisting the PRISMe investigators to finish conducting secondary analyses, writing papers for submission to scientific journals, refining and disseminating treatment manuals and health literacy materials, archiving and developing a manual of the final PRISMe database for public use, and disseminating program findings.

## **Section B: Implementation and Coordination Plan (30 Points)**

Applicants should describe an implementation plan for the National Technical Assistance Center that includes the following components:

- c Provide a plan to synthesize and disseminate the knowledge base for mental health assessment, screening, outreach, prevention, early intervention, assessment, and treatment for older persons.
- c Describe how technical assistance will be offered to **Group I** Awardees on an ongoing and as-needed basis. Address areas of delivering program information and providing consultation on implementation, evaluation, and dissemination activities.

- c Propose plans for helping **Group I** awardees to collect GPRA data and to achieve the required 80 percent response rate. Describe how these data will be summarized in interim annual and final reports to the GPO.
- c Propose plans to identify existing manuals and service implementation resources and to develop and refine new materials and resources that will be used by others to facilitate the faithful implementation evidence-based services for older persons. Describe how these resources will address the needs of multiple stakeholder groups, including providers, administrators, quality improvement specialists, evaluators, and consumers.
- c Propose plans to document and prepare a policy analysis of funding barriers for established evidence-based practices for older adults. Describe how input about funding barriers will be collected from **Group I** Awardees and from other sources in the field.
- c Provide a plan to assist in the continuing synthesis, transfer, and application of knowledge from the SAMHSA-funded Primary Care Research in Substance Use and Mental Health Problems for the Elderly (PRISMe) study, which will end its funding in September 2002.
- c Describe how PRISMe-related activities, including determination of secondary analyses and paper topics, refinement of treatment manuals and health literacy materials, development of archives and manuals of the evaluation database, and dissemination activities will be performed in close collaboration with the investigators, providers, and consumers associated with the PRISMe study. Describe how interactions with PRISMe investigators will be coordinated.
- c Describe how investigators associated with the PRISMe study will be assisted to complete secondary data analyses and submission of outcome papers for publication that were not completed during the formal funding period of the PRISMe program. This activity is to be ongoing for the first year of funding of the National Technical Assistance Center. (Attach letters of support or commitment, as appropriate, as Appendix 1.)
- c Provide a plan for constructing a final archive and user's manual for the evaluation database created by the PRISMe study, so that it is ready and accessible for public use (to be completed at the end of the second year of funding for the National Technical Assistance Center).
- c Provide a plan for the refinement and dissemination of treatment manuals and health literacy materials created by the PRISMe study (to be completed by the end of the second year of funding for the National Technical Assistance Center).
- c Provide a plan for providing training, workshops, presentations, conferences, and expert consultation to parties interested in adopting screening, assessment, prevention, treatment, and outreach practices validated by the PRISMe study. These PRISMe-related dissemination activities are to be ongoing



throughout the funding period of the National Technical Assistance Center.

- c Propose methods and plans to include older persons who are consumers of mental health services and their family members in the planning and implementation of activities to be completed by the National Technical Assistance Center.
- c Propose plans for coordinating and conducting an annual meeting of **Group I** awardees. This 2-day meeting is to be held in the Washington D.C., area and will include participation by the GPO and other Federal partners designated by the GPO. The **Group II** awardee must identify and pay travel expenses for two older persons who are or have been consumers of mental health services and one family member to participate in each annual meeting. Travel expenses for the Program Director and Evaluator from each **Group I** program site will be funded by the program site. The National Technical Assistance Center must include all other expenses for the annual meeting budget.

### **Section C: Evaluation Plan, Data Collection, and Analysis (15 points)**

In this section, applicants should provide a plan for conducting an evaluation of the activities of the National Technical Assistance Center, as well as a plan for conducting a cross-site evaluation of program sites, using GPRA data. Specifically:

- c Summarize the plan for evaluating the proposed implementation and impact of program activities.
- c Provide specific evaluation questions to be examined and hypotheses to be tested, if appropriate.
- c Describe the data collection plan, including:
  - < Sources of data.
  - < Data management and quality control.
- c Describe the analytic methods to be used.
- c Indicate whether and how qualitative methods will be used.
- c Describe plans for monitoring and ensuring the quality of implementation of activities of the National Technical Assistance Center.
- c Discuss how consumers and family members will participate and contribute to the monitoring of the performance of the National Technical Assistance Center.
- c Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population and, as appropriate, to the

community to be served.

- c Discuss how SAMHSA/CMHS core client outcome measures (see Appendix V) will be collected, stored, and analyzed for the program sites. Describe how the results will be organized into an interim and a final report.

## **Section D: Dissemination Plan (20 Points)**

In this section, applicants should include a dissemination plan that addresses the following areas:

- c A plan for making all knowledge products, manuals, implementation resources, policy reports, information on evidence-based practices, and products developed from the Targeted Capacity Expansion program and the PRISMe study follow-up activities available to the **Group I** Awardees.
- c A plan for making all knowledge products, manuals, implementation resources, policy reports, information on evidence-based practices, and products developed from the Targeted Capacity Expansion Program and from the PRISMe study follow-up activities available to stakeholders across the Nation who are interested in implementing evidence-based services for older persons.
- c A description of plans for preparing interim and final reports, conference presentations, and publications. Describe other means of disseminating the activities and products of the National Technical Assistance Center, such as establishing a web site and a toll-free number.
- c A description of how consumers and family members will contribute to the dissemination of material: and resources generated by the National Technical Assistance Center.
- c A description of how the public will be made aware of the resources available through National Technical Assistance Center.

## **Section E: Project Management and Staffing Plan, Equipment, Facilities, and Resources (15 Points)**

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans, by providing the following:

- c A description of the qualifications and experience of the key personnel, including:
  - < Project director.
  - < Evaluation staff.
  - < Communications staff.
  - < Administrative and coordination staff.

- < Analytic and data management staff.
  - < Trainers.
  - < Other key personnel.
- C Documentation of the capability and experience of the applicant organization with similar projects and populations.
  - C Evidence of the capability, experience, and commitment of proposed consultants and subcontractors, including letters of commitment (attach as Appendix 1).
  - C A discussion of how professional staff, target population, and/or family representatives will be recruited and trained, as well as what strategies have been developed for retaining staff. Describe in-service training for staff and consumer development.
  - C Assign responsibilities to identified staff for specific tasks described in the implementation and evaluation plans.
  - C Evidence of the feasibility of accomplishing the project in terms of:
    - < Management plan.
    - < Time frames.
    - < Coverage and complementarity of skills among project staff.
    - < Adequacy and availability of resources (e.g., staffing and collaborating agencies, facilities, equipment).
  - C A description of the extent to which the staffing and management plans, project organization, and other resources are appropriate for carrying out all aspects of the proposed project.
  - C Evidence that the staff are reflective of or sensitive to the diversity of the target population, i.e., sensitive to age, gender, sexual orientation, race/ethnicity, and other cultural factors related to the target population, and, as appropriate, to the community to be served, including issues such as:
    - < Proficiency of staff at all levels of the organization in the languages and cultures of the target population.
    - < Availability of interpreters and translators trained in mental health and/or substance abuse prevention/treatment issues and terminology.

## **Confidentiality and SAMHSA Participant Protection**

## (SPP)

You must address seven areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- c Report any possible risks for people in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

### **1. Protection of Clients and Staff from Potential Risks:**

- c Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- c Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- c Describe the procedures that will be followed to minimize effects of or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- c Give plans to provide help, if needed, if there are adverse effects on participants.
- c Describe alternative treatments and procedures that might be beneficial to the subjects, where appropriate.
- c Offer reasons if you do not use other beneficial treatments.

## **2. Fair Selection of Participants:**

- c Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors, such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- c Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or persons likely to be vulnerable to HIV/AIDS.
- c Explain the reasons for including or excluding participants.
- c Explain how you will recruit and select participants. Identify who will select participants.

## **3. Absence of Coercion:**

- c Explain if participation in the project is voluntary or required. Identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).
- c State how participants will be awarded money or gifts, if you plan to pay them, and state the anticipated amount or value of such payments.
- c State how volunteer participants will be told that they may receive services and incentives, even if they do not complete the study.

## **4. Data Collection:**

- c Identify from whom you will collect data (e.g., participants themselves, family members, teachers, and others). Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- c Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- c Provide in Appendix, "Site-specific Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

## **5. Privacy and Confidentiality:**

- C Describe how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
  - S How you will use data collection instruments.
  - S Where data will be stored.
  - S Who will or will not have access to information.
  - S How the identity of participants will be kept private (e.g., by using a coding system on data records, limiting access to records, or storing identifiers separately from data).

**NOTE:** If applicable, awardees must agree to maintain the confidentiality of alcohol and drug abuse client records, according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

## **6. Adequate Consent Procedures:**

- C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- C State:
  - S Whether their participation is voluntary.
  - S Their right to leave the project at any time without problems.
  - S Risks from the project.
  - S Plans to protect clients from these risks.
- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written, informed consent.

- C Indicate whether you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- C Include sample consent forms in your Appendix 4, "Sample Consent Forms." If needed, provide English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or may release your project or its agents from liability for negligence.

- c Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

**7. Risk/Benefit Discussion:**

- c Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.

## APPENDIX I: FEDERAL DEFINITION OF SERIOUS MENTAL ILLNESS

The definition of serious mental illness for the purpose of this initiative is extrapolated from the *Federal Register*, Vol. 58, No. 96, Thursday, May 20, 1993. Persons age 18 and over who meet the criteria are considered to have a serious mental illness. The definition for serious mental illness includes the following criteria:

- c Currently or at any time during the past year,
- c Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV,
- c That resulted in functional impairment.

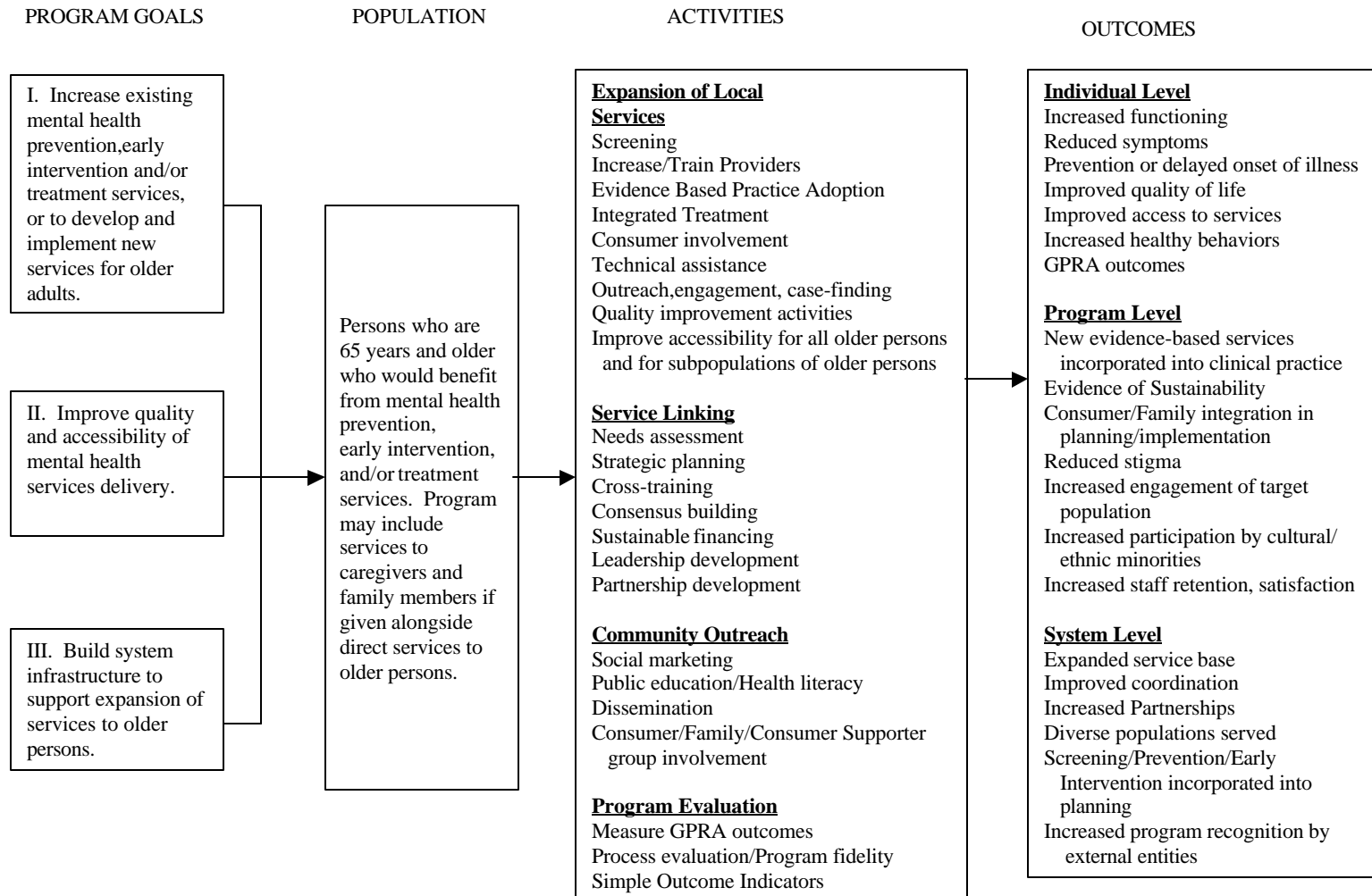
These disorders include any mental disorder listed in DSM-IV, with the exception of DSM-IV “V” codes, Substance-related Disorders and developmental disorders, which are excluded, unless they co-occur with other diagnosable serious emotional disturbances or serious mental illnesses. Excluded developmental disorders include Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, and Pervasive Developmental Disorders.

For adults, functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts.

Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.



## APPENDIX II: LOGIC MODEL FOR TARGETED EXPANSION GROUP I APPLICANTS-- OLDER ADULT MENTAL HEALTH SERVICES



## APPENDIX III: RESOURCES

### Mental Health Services for Older Adults

Gatz, M. (1995). *Emerging Issues in Mental Health and Aging*. Washington, DC: American Psychological Association.

Bierman, A. , Spector, W., and AHRQ Task Force on Aging (2001). *Improving the Health and Health Care of Older Americans*. A Report of the AHRQ Task Force on Aging. Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. AHRQ Pub No. 01-0030.

Knight, B.G., Teri, L., Wohlford, P., & Santos, J. (1995). *Mental Health Services for Older Adults: Implications for Training and Practice in Geropsychology*. Washington, DC: American Psychological Association.

Linkins, K., Robinson, G., Karp, J., Cooper, S., Liu, J., and Bush, S. (2001). *Screening for Mental Illness in Nursing Facility Applicants: Understanding Federal Requirements*. SAMHSA Publication No. (SMA) 01-3543. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Ory, M.G., Abeles, R.P., and Lipman, P.D. (1992). *Aging, Health and Behavior*. Newbury Park, CA: Sage

Stockdill, J.W. and Ciarlo, J.A. (2000). Aging, Mental Illness, and the Frontier. *Journal of the Washington Academy of Sciences*, 86 (3), 107-115.

Geller, J.M. and Muus, K.J. (2000). The role of rural primary care physicians in the provision of mental health services. *Journal of the Washington Academy of Sciences*, 86 (3), 131-142.

U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General—Older Adults and Mental Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

U.S. Department of Health and Human Services (2001). *Report of a Surgeon General's Working Meeting on the Integration of Mental Health Services and Primary Health Care, 2000, November 30-December 1, Atlanta Georgia*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.

U.S. Department of Health and Human Services (2001). *Older Adults and Mental Health: Issues and Opportunities*. U.S. Department of Health and Human Services, Administration on Aging.

U.S. Department of Health and Human Services (1994). *Innovative Community Based Services for Older Persons with Mental Illness*. U.S. Department of Health and Human Services, Substance Abuse and

Mental Health Services Administration, Center for Mental Health Services.

U.S. Department of Health and Human Services (1998). *Substance Abuse Among Older Adults: Treatment Improvement Protocol (TIP) Series 26*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

U.S. Department of Health and Human Services (2002). *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems*. DHHS Publication No. (SMA) 02-3628. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

## Logic Models

Chen, W.W., Cato, B.M., and Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., and Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.

Hernandez, M. and Hodges, S. (2001). Theory-based accountability. In M. Hernandez and S. Hodges' (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Hernandez, M., Hodges, S., and Cascardi, M. (1998). The Ecology of outcomes: System accountability in children's mental health. *Journal of Behavioral Health Services & Research*, 25(2).

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

Julian, D.A., Jones, A., and Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.

Patton, M.Q. (1997). *Utilization-focused Evaluation* (3<sup>rd</sup> Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Weiss, C.H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J.P. Connell, A.C. Kubisch, L.B. Schorr, and C.H. Weiss' (Eds.), *New Approaches to Evaluating Community Initiatives: Concepts, Methods and Contexts*, pp. 65-92. Washington, DC: Aspen Institute.

Wholey, J.S., Hatry, H.P., and Newcome's, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

## Cultural Competence

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (2000). *Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/ Underrepresented Racial/Ethnic Groups* (Document no. SMA 00-3457). Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2647 or [www.mentalhealth.org](http://www.mentalhealth.org).

Dais, T. (1993). An analysis of transition assessment practices: Do they recognize cultural differences? In T. Dais, N. Meier-Knonick, P. Luft, and F.R. Rusch's (Eds.), *Selected Readings in Transition: Cultural Differences, Chronic Illness, and Job Matching*. Transition Research Institute at Illinois, University of Illinois at Urbana-Champaign.

U.S. Department of Health and Human Services (2001). *Mental Health: Culture, Race, and Ethnicity--A Supplement to Mental Health: A Report of the Surgeon General*. Available through the Center for Mental Health Services Knowledge Exchange Network, 1-800-789-2647 or [www.mentalhealth.org](http://www.mentalhealth.org).

Bazron, B.J., Dennis, K.W. and Isaacs, M.R. (1989, March). *Toward a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Georgetown University Child Development Center.

Research Foundation for Mental Hygiene, Inc. (1998). *Cultural Competence Performance Measures*. NY State Office of Mental Health.

## APPENDIX IV: GUIDELINES FOR CONSUMER AND FAMILY PARTICIPATION

SAMHSA is committed to fostering consumer and family involvement in substance abuse and mental health policy and program development across the country. A key component of that commitment is involvement of consumers and family members in the design, development, and implementation of projects funded through SAMHSA's grants and cooperative agreements. The following guidelines are intended to promote consumer and family participation in SAMHSA grant and cooperative agreement programs.

In general, applicant organizations should have experience or a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

- **Program Mission** - The organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.
- **Program Planning** - Consumers and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.
- **Training and Staffing** – Organization staff should have substantive training in, and be familiar with, consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.
- **Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time. SAMHSA Confidentiality and Participant Protection requirements are detailed in SAMHSA GFAs. These requirements must be addressed in SAMHSA funding applications and adhered to by SAMHSA awardees.
- **Rights Protection** - Consumers and family members must be fully informed of all rights, including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and nondiscrimination, confidentiality of health care information, complaints and appeals, and consumer responsibilities.
- **Program Administration, Governance, and Policy Determination** – Efforts should be made to hire consumers and family members in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.
- **Program Evaluation** - Consumers and family members should be integrally involved in designing and

carrying out all research and program evaluation activities. These activities include: determining research questions, adapting/selecting data collection instruments and methodologies, conducting surveys, analyzing data, and writing/submitting journal articles.

## **APPENDIX V: SAMHSA/CMHS GPRA CORE CLIENT OUTCOME MEASURES**

The Government Performance and Results Act (GPRA) of 1993 (Public Law-103-62) requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a 3 to 5-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their successes and failures, based on the performance monitoring data.

Therefore, SAMHSA is now accountable for demonstrating the effectiveness of all its programs through performance data. In order to support current and future funding, we need your full cooperation in collecting and reporting performance data. Our ability to support these awards in future years depends on the data that you can provide. This performance element will carefully be considered in assessing awardee performance and may have implications for future awards.

The following explains how CMHS will address the GPRA requirements for the *Targeted Capacity Expansion: Meeting the Mental Health Services Needs of Older Adults* program.

For this program, SAMHSA will use your submission of the products outlined on pages 34-38 to assess performance over the 3-year award period. Therefore, we request that you complete and submit these products within the specified time lines.

In addition, if funding permits, SAMHSA/CMHS plans to conduct a cross-site evaluation of the service programs through the resources of the National Technical Assistance center for this program. Therefore, we request that the Management Information System (MIS) that is developed under the *Older Adult Mental Health Services* program include, at a minimum, the GPRA Core Client Outcome Measures described here. You are asked to report data on these outcomes in years 1, 2, and 3 of the current grant. These measures would also form the basis of any cross-site evaluation that SAMHSA/CMHS conducts.

Form Approved  
OMB No. 0930-0208  
Expiration Date 10/31/2002

## **CMHS GPRA Client Outcome Measures for Discretionary Programs**

---

Public reporting burden for this collection of information is estimated to average 20 minutes per response, if all items are asked of a client. To the extent that providers already obtain much of this information as part of their ongoing client intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.



## A. RECORD MANAGEMENT

Client ID | | | | | | | | | | | | | |

Cooperative Agreement ID | | | | | | | | | | | | | |

Award Year | | |  
Year

Interview Date | | | | / | | | | / | | | |

Interview Type 1. INTAKE 2. 6-month follow-up 3. 12-month follow-up

## B. DRUG AND ALCOHOL USE

### 1. During the past 30 days, how many days have you used the following?

Number of Days

- |   |  |
|---|--|
| a. Any alcohol  |  |
| b. Alcohol to intoxication (5+ drinks in one sitting) |  |
| c. Illegal drugs                                      |  |

### 2. During the past 30 days, how many days have you used any of the following?

Number of Days

- |   |  |
|---|--|
| a. Cocaine/Crack  |  |
| b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]  |  |
| c. Heroin [Smack, H, Junk, Skag], or other opiates  |  |
| d. Nonprescription methadone  |  |
| e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel],<br>MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine],<br>Mushrooms, Mescaline |  |
| f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice,<br>Chalk, Crystal, Glass, Fire, Crank]  |  |

- g. Benzodiazepines, barbiturates, other tranquilizers, downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] |\_|\_|\_|
- h. Inhalants [Poppers, Snappers, Rush, Whippets] |\_|\_|\_|
- i. Other Drugs - Specify \_\_\_\_\_ |\_|\_|\_|

## C. FAMILY AND LIVING CONDITIONS

### 1. In the past 30 days, where have you been living most of the time?

- ☐ Shelter (safe havens, TLC, low-demand facilities, reception centers, other temporary day or evening facility)
- ☐ Street/Outdoors (sidewalk, doorway, park, public or abandoned building)
- ☐ Institution (hospital, nursing home, jail/prison)
- ☐ Housed (Own or someone else's apartment, room, house, halfway house, residential treatment)

### 2. During the past week, to what extent have you been experiencing difficulty in the area of:

**Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

### 3. During the past week, to what extent have you been experiencing difficulty in the area of:

**Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

### 4. During the past week, to what extent have you been experiencing difficulty in the area of:

**Work (e.g., completing tasks, performance level, finding or keeping a job)?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

**5. During the past week, to what extent have you been experiencing difficulty in the area of:**

**Leisure time or recreational activities?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

**6. During the past week, to what extent have you been experiencing difficulty in the area of:**

**Developing independence or autonomy?**

- ☐ No difficulty
- ☐ A little difficulty
- ☐ Moderate difficulty
- ☐ Quite a bit of difficulty
- ☐ Extreme difficulty
- ☐ Don't know
- ☐ Not applicable
- ☐ Refused

## **D. EDUCATION AND EMPLOYMENT**

**1. Are you currently enrolled in school or a job training program? [IF ENROLLED, is it full time or part time?]**

- ☐ Not enrolled
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other (specify)\_\_\_\_\_

2. **What is the highest level of education you have finished, whether or not you received a degree?** [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_|\_| level in years

- 2a. **If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?**

☐ Yes ☐ No

3. **Are you currently employed?** [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work.]

- ☐ Employed full time (35+ hours per week, or would have been)  
☐ Employed part time  
☐ Unemployed, looking for work  
☐ Unemployed, disabled  
☐ Unemployed, volunteer work  
☐ Unemployed, retired  
☐ Other Specify\_\_\_\_\_

## **E. CRIME AND CRIMINAL JUSTICE STATUS**

**In the past 30 days, how many times have you been arrested?**

|\_|\_| times

## **F. DEMOGRAPHICS (ASKED ONLY AT BASELINE)**

1. **Gender**

☐ Male  
☐ Female  
☐ Other (please specify) \_\_\_\_\_

2. **Are you Hispanic or Latino?**

☐ Yes ☐ No

3. **What is your race? (Select one or more)**

☐ Black or African American ☐ Alaska Native  
☐ Asian ☐ White  
☐ American Indian ☐ Other (Specify)\_\_\_\_\_  
☐ Native Hawaiian or other  
Pacific Islander

4. **What is your date of birth?**

|\_|\_| / |\_|\_| / |\_|\_|

Month / Day / Year